COVID-19 weekly update

September 18th 2020

**clinical management**

**Title**: COVID-19 and the Path to Immunity

JAMA | 11th September 2020

This Viewpoint outlines what is known about acute and long-term B-cell, antibody, and T-cell responses to SARS-CoV-2 infection. It explains how each are implicated in vaccine candidates likely to be effective and durably protective again COVID-19.

Full detail: [Covid-19 and the path to immunity](https://jamanetwork.com/journals/jama/fullarticle/2770758)

**Title**: Treating asthma in the COVID-19 pandemic

Thorax | published online 15th September 2020

To date, there are no consistent data to suggest that well-controlled asthma is over-represented in COVID-19. This editorial therefore suggests that the objective of asthma management during the pandemic is centred on optimising asthma control and minimising risks of viral exposure.

Along with following public health advice and social distancing, adequate asthma control *via* lifestyle changes and medication adherence must remain as the priority. Patients should be given adequate advice on risk prevention and a detailed asthma action plan with specific reference tailored to the current pandemic.

The use of biological therapies can be effective in reducing the dosage of systemic corticosteroids, and it is likely that the benefit in continuing therapies outweighs any potential risks. Urgent research is needed to clarify the benefits and risks of asthma therapies during this new era.

Full editorial: [Treating asthma in the COVID-19 pandemic](https://thorax.bmj.com/content/thoraxjnl/75/10/822.full.pdf)

**Title:**  What to do if your Emergency Department is becoming crowded again after the initial COVID period

The Royal College of Emergency Medicine | September 2020

Crowding is returning to Emergency Departments (EDs) in the UK and there are significant concerns about how the situation is developing. Crowding remains a major threat to patient and staff safety, and it can only be tackled through clear and consistent system leadership, backed up by meaningful action.

This element of ‘Resetting Emergency Care’ aims to support leaders in systems, organisations, and Emergency Medicine to consider their current position, and work together in the face of this re-emerging problem.

Full detail: [What to do if your ED is becoming crowded again after the initial COVID period](https://www.rcem.ac.uk/docs/Policy/Crowding_after_Covid_Sept_2020.pdf)

**Title**: Making history: Health visiting during COVID-19

Institute of Health Visiting | September 2020

This collection of case studies presents a window into the working lives of health visitors and families navigating the ups and downs of the Covid-19 pandemic. The report captures the pace and scale of change as health visiting services adapted to working during lockdown.

Full document: [Making History: health visiting during COVID-19](https://ihv.org.uk/wp-content/uploads/2020/09/Health-visiting-making-history-case-studies-FINAL-VERSION-10.9.20.pdf)

**Title**: Rising numbers of positive covid-19 tests in the UK

BMJ | 2020; 370: m3605 | published 17th September 2020

The covid-19 pandemic has shaken the world. In addition to the direct consequences of the disease, the outbreak has had a devastating social and economic impact. In the UK, the numbers of hospital admissions and deaths caused by the disease peaked in April. Strict social distancing measures contributed to a decline in reported cases, which has been followed by a gradual reopening of society. However, the number of positive test results has risen over the past two months.

This editorial asks what does this tell us about the nature of the “second wave,” and how should we respond?

Full editorial: [Rising numbers of positive covid-19 tests in the UK](https://www.bmj.com/content/bmj/370/bmj.m3605.full.pdf)

**Title**: Convalescent plasma for covid-19

BMJ | 2020; 370: m3516 | published 15th September 2020

Plasma from people recovering from infection, particularly after severe illness, may contain high levels of polyclonal, pathogen specific antibodies. The use of convalescent plasma to treat patients with covid-19 has thus understandably attracted a lot of attention, but definitive evidence of efficacy has been elusive.

This editorial suggests that high quality evidence from randomised controlled trials is needed to drive the development of large-scale plasma collection internationally, to inform reliable guidelines for clinical use, and to provide the maximum benefit to patients.

Full editorial: [Convalescent plasma for covid-19](https://www.bmj.com/content/bmj/370/bmj.m3516.full.pdf)

**Title:** Investigating Whether Blood Type Is Linked to COVID-19 Risk

JAMA | published online September 16th 2020

Everybody has a blood type, and everybody is worried about coronavirus disease 2019 (COVID-19), which helps explain why recent research into possible links between blood type and COVID-19 has been widely reported.

The notion that blood type might have prognostic value in COVID-19 is intriguing, but “we’re at the stage of trying to determine if this association is even real,” Christopher Latz, MD, coauthor of one of the recent studies, cautioned in an interview.

Full detail: [Investigating whether blood type is linked to Covid-19 risk](https://jamanetwork.com/journals/jama/fullarticle/2770889)

**Title**: Family Engagement Navigators: A Novel Program to Facilitate Family-Centered Care in the Intensive Care Unit During Covid-19

NEJM Catalyst | 15th September 2020

Family-centered care is widely regarded as best practice for intensive care unit (ICU) patients, but restricted visitation due to Covid-19 posed a major obstacle to engaging and supporting families.

In response to this need, Atrium Health developed and iteratively adapted a Family Engagement Navigator program to promote family-centered care, which has supported 70 ICU patients over 12 weeks from May through July 2020. The authors describe key lessons gained from their experience and program evaluation.

Full article: [Family Engagement Navigators: A novel program to facilitate family-centered care in the intensive care unit during Covid-19](https://catalyst.nejm.org/doi/pdf/10.1056/CAT.20.0396)

**recovery**

**Title**: Identifying older people most vulnerable to COVID-19

British Geriatrics Society | 7th September 2020

This paper aims to summarise the concerns raised by the BGS about current government advice concerning those at greatest risk of the most adverse COVID-19 outcomes, which includes older people, and includes recommendations for how these should be taken forward.

Summary recommendations

1. Risk modelling being considered by the CMO should consider the discriminatory value of phenotypic or cumulative deficit frailty for identifying older people who are clinically extremely vulnerable.
2. Risk modelling being considered by the CMO for deployment into populations of older people with the recommendation that they isolate/shield should also include a balancing measure of risk of isolation leading to adverse health (physical, mental and cognitive) and functional outcomes in the target population.

Full detail: [Identifying older people most vulnerable to COVID-19](https://www.bgs.org.uk/resources/identifying-older-people-most-vulnerable-to-covid-19)

**Title:** Long covid: doctors call for research and surveillance to capture disease

BMJ | 2020; 370: m3586 | published 15th September 2020

A group of doctors who have been affected by persistent symptoms of covid-19 have written a manifesto based on their personal experiences.

In a letter published in The BMJ, the group of 39 UK doctors called for research and surveillance to capture the full spectrum of disease, including in those not admitted to hospital and not tested, to build an accurate picture of covid-19 phenotypes. They said that there was an emerging picture that prolonged symptoms were having substantial effects on a significant minority of people and that death was not the only outcome to measure. They called for a clear definition of recovery from covid-19.

Full detail: [Long Covid: doctors call for research and surveillance to capture disease](https://www.bmj.com/content/370/bmj.m3586)

See also: [From doctors as patients: a manifesto for tackling persisting symptoms of covid-19](https://www.bmj.com/content/bmj/370/bmj.m3565.full.pdf) | BMJ

**Title:** RECOVERY trial will evaluate “antiviral antibody cocktail”

BMJ | 2020; 370: m3584 | published 15th September 2020

The RECOVERY trial, which discovered that dexamethasone shows benefit in patients seriously ill with covid-19, will investigate the impact of an “antiviral antibody cocktail” specifically designed for covid-19, known as REGN-COV2.

The phase III trial at the University of Oxford has been evaluating different treatment candidates for the virus from early on in the pandemic. Its researchers have now announced that it will assess the effects of adding REGN-COV2 to the usual standard of care, versus standard care alone, on all cause mortality 28 days after randomisation.

The investigation, which will aim to have at least 2000 patients randomly allocated to receive REGN-COV2, will also look at the impact on hospital stay and the need for ventilation.

Full detail: [RECOVERY trial will evaluate “antiviral antibody cocktail”](https://www.bmj.com/content/370/bmj.m3584)

**Infection control**

**Title**: How effective is screening for COVID-19?

Cochrane Library | 15th September 2020

This Cochrane Rapid Review aimed to identify:

* the benefits and negative effects of screening apparently healthy people for COVID-19 infection
* whether screening can identify those with and without the virus correctly.

The authors concluded that one-time screening in apparently healthy people is likely to miss people who are infected. The author team are unsure whether combined screenings, repeated symptom assessment, or rapid laboratory tests are useful.

As more people become infected, screening will identify more cases. However, because screening can miss people who are infected, public health measures such as face coverings, physical distancing, and quarantine for those who are apparently healthy, continue to be very important.

Full review: [Universal screening for SARS‐CoV‐2 infection: a rapid review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013718/epdf/full)

See also:

* [Cochrane Rapid Review investigates the effectiveness of screening for COVID-19](https://www.cochrane.org/news/cochrane-rapid-review-investigates-effectiveness-screening-covid-19)
* [Universal screening is likely to miss infected people, review finds](https://www.bmj.com/content/370/bmj.m3619) | BMJ

**Title**: Does quarantine, alone or in combination with other public health measures, control coronavirus (COVID‐19)?

Cochrane Library | 14th September 2020

The aim of this study was to find out whether and how effectively quarantine stops COVID‐19 spreading and if it prevents death. The authors wanted to know if it was more effective when combined with other measures, and how much it costs.

Despite the limited evidence on quarantine to control COVID‐19, studies consistently concluded that quarantine is an important public health measure to reduce the number of people infected and the number of deaths. For both effectiveness and costs, early and efficient implementation of quarantine seems to be key.

The combination of quarantine with other prevention and control measures showed the greatest effect in reducing transmissions, incident cases, and mortality. In order to maintain the best possible balance of measures, decision makers must constantly monitor the outbreak situation and the impact of the measures implemented.

Full review: [Quarantine alone or in combination with other public health measures to control COVID‐19: a rapid review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013574.pub2/epdf/full)

**Title**: REACT-1 study of coronavirus transmission: August 2020 results

Department of Health and Social Care | 11th September 2020

REACT-1 is the largest population surveillance study being undertaken in England that examines the prevalence of the virus causing COVID-19 in the general population. It uses test results and feedback from over 150,000 participants each month.

The study focuses on national, regional and local areas, as well as age, sex, ethnicity, socio-economic factors, employment type, contact with known cases, symptoms and other factors.

The findings will provide the government with a better understanding of the virus’s transmission and the risks associated with different population subgroups throughout England.

Full detail: [REACT-1 study of coronavirus transmission: August 2020 results](https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-august-2020-results/react-1-real-time-assessment-of-community-transmission-of-coronavirus-covid-19-in-august-2020)

**TITLE**: ENCOURAGING SELF-ISOLATION TO PREVENT THE SPREAD OF COVID-19

British Psychological Society | September 2020

The Society has produced guidance to encourage self-isolation to prevent the spread of Covid-19. Self-isolation is a key part of the UK strategy to prevent the spread of Covid-19 by people who are symptomatic and have tested positive, and for those who are at risk of developing Covid-19 due to having had close contact with someone with symptoms or a positive test.

The Society's learning from other behaviours (e.g. non-adherence to medication), from relevant psychological theories and from research studies exploring the factors affecting self-isolation in infectious disease pandemics have informed this document. A number of recommendations are made. The

Full detail: [Guidance: Encouraging self-isolation to prevent the spread of Covid-19](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Encouraging%20self-isolation%20to%20prevent%20the%20spread%20of%20Covid-19.pdf)

**Title**: Assessing a novel, lab-free, point-of-care test for SARS-CoV-2 (CovidNudge): a diagnostic accuracy study

The Lancet Microbe | published September 17th 2020

Access to rapid diagnosis is key to the control and management of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Laboratory RT-PCR testing is the current standard of care but usually requires a centralised laboratory and significant infrastructure.

This paper describes the diagnostic accuracy assessment of a novel, rapid point-of-care real time RT-PCR CovidNudge test, which requires no laboratory handling or sample pre-processing.

The authors found the CovidNudge platform to be a sensitive, specific, and rapid point of care test for the presence of SARS-CoV-2 without laboratory handling or sample pre-processing. The device, which has been implemented in UK hospitals since May, 2020, could enable rapid decisions for clinical care and testing programmes.

Full paper: [Assessing a novel, lab-free, point-of-care test for SARS-CoV-2 (CovidNudge): a diagnostic accuracy study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2820%2930121-X)

**Title:** More than £500 million for social care to reduce coronavirus transmission over winter

Department of Health and Social Care | 17th September 2020

Care providers in England will benefit from over half a billion pounds extra funding to reduce COVID-19 transmission and help protect residents and staff throughout winter. The Infection Control Fund, set up in May, has now been extended until March 2021, with an extra £546 million to help the care sector restrict the movement of staff between care homes to stop the spread of the virus.

The fund will help care providers pay staff full wages when they are self-isolating, and enable staff to work in only one care home, reducing the risk of spreading the infection.

Full detail: [More than £500 million for social care to reduce coronavirus transmission over winter](https://www.gov.uk/government/news/more-than-500-million-for-social-care-to-reduce-coronavirus-transmission-over-winter?utm_source=470e8d46-06f8-437d-8dff-46d393a3c962&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Covid-19: Do many people have pre-existing immunity?

BMJ | 2020; 370: m3563 | published 17th September 2020

It seemed a truth universally acknowledged that the human population had no pre-existing immunity to SARS-CoV-2, but is that actually the case? This feature piece explores the emerging research on immunological responses. Full article: [Covid-19: Do many people have pre-existing immunity?](https://www.bmj.com/content/bmj/370/bmj.m3563.full.pdf)

**Title:** New Lighthouse Labs to boost NHS Test and Trace capacity

Department of Health & Social Care | 17th September 2020

Two new Lighthouse Labs in Newcastle and Bracknell will join the largest network of diagnostic testing facilities created in British history to help scale up testing capacity ahead of winter .

The two new Lighthouse Labs follow the previous announcements of others in Newport and Charnwood, which will scale testing capacity to help deliver 500,000 tests per day by the end of October.

The four new labs come on top of ongoing work to build capacity at existing Lighthouse and partner lab facilities. Measures taken include recruitment of hundreds of additional staff and new technology to boost the number of tests processed. Surge laboratories will continue to maximise testing as demand rises. A further 20 new testing sites are opening across the country this week, increasing the number of local booking slots available throughout England.

New labs in Newcastle and Bracknell will help increase capacity by tens of thousands, gradually increasing the number of tests they can process over the coming months.

Full detail: [New Lighthouse Labs to boost NHS Test and Trace capacity](https://www.gov.uk/government/news/new-lighthouse-labs-to-boost-nhs-test-and-trace-capacity?utm_source=e33e87e7-4f7e-4e41-ae02-9eaf24682cc7&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Venues required to enforce rule of 6, NHS QR code posters and contact logs

Department of Health & Social Care | 18th September 2020

Hospitality and leisure venues in England are from today legally required to enforce the rule of 6 or face a fine of up to £4,000.

Designated businesses and organisations, including hospitality, close contact services and leisure venues, will also be legally required to log details of customers, visitors and staff for NHS Test and Trace and from Thursday 24 September they will be required to display official NHS QR code posters under law ahead of the NHS COVID-19 app being rolled out nationally next week.

A majority of businesses and organisations have been playing their part in tackling the virus by putting in place COVID-secure measures in their venues, but new legal requirements will make it compulsory for them to do so or risk facing a fine

Full detail: [Venues required to enforce rule of 6, NHS QR code posters and contact logs](https://www.gov.uk/government/news/venues-required-to-enforce-rule-of-6-nhs-qr-code-posters-and-contact-logs?utm_source=3226c879-a0ae-4ab2-9b91-6d78774465d3&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Keeping people safe and supported through the pandemic

Care Quality Commission | 16th September 2020

In their latest COVID-19 Insight report, the CQC focus on infection prevention and control (IPC) in different health and care settings, and the ways services across 11 different local areas have collaborated in response to coronavirus (COVID-19).

The report looks at good practice in health and social care. In acute hospitals, it shares good practice around establishing IPC teams, personal protection equipment, and the ways hospitals have supported patients and visitors.

The report shares CQC findings from recent inspections in care homes, looking at safe admission, IPC for visitors, IPC policies and use of personal protective equipment.

It also looks at GPs and their IPC measures, including PPE and cleaning procedures, social distancing and minimising patient contact, and guidance/communication around coronavirus.

Full report: [Keeping people safe and supported through the pandemic](https://www.cqc.org.uk/sites/default/files/20200916_covidinsight_issue04.pdf)

**Title:** New plan to help protect care homes from coronavirus over winter

Department of Health & Social Care | 18th September 2020

A new adult social care winter plan will aim to curb the spread of coronavirus (COVID-19) infections in care settings throughout the winter months.

As part of the plan:

* people receiving adult social care and care workers will receive free PPE
* a new dashboard will monitor care home infections and help local government and providers respond quicker
* a Chief Nurse for Adult Social Care will be appointed to represent social care nurses and provide clinical leadership to the workforce

Local providers must restrict all but essential movement of staff between settings to reduce transmission, supported by an extra £546 million for the Infection Control Fund. This will help care providers pay staff full wages and enable staff to work in only one care home.

Full detail: [New plan to help protect care homes from coronavirus over winter](https://www.gov.uk/government/news/new-plan-to-help-protect-care-homes-from-coronavirus-over-winter?utm_source=3a9159e8-1108-4ea3-b7db-999303c06713&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Stronger measures introduced in parts of the North East to tackle rising infection rates

Department of Health & Social Care | 17th September 2020

New restrictions will be introduced in parts of the north-east of England to curb rising infection rates. This decision has been made in close collaboration with local leaders.

From Friday 18 September, regulations will ban the following:

* residents must not socialise with other people outside of their own households or support bubble in private homes and gardens
* hospitality for food and drink will be restricted to table service only
* late night restriction of operating hours will be introduced, with leisure and entertainment venues required to close between 10pm to 5am

Residents are also advised to adhere to the following guidance to further reduce rates of infection:

* not to socialise with other people outside of their own households in all public venues.
* only to use public transport for essential purposes, such as travelling to school or work
* take holidays only within your own household or support bubble
* avoid attending amateur and semi-professional sporting events as spectators

Full detail: [Stronger measures introduced in parts of the North East to tackle rising infection rates](https://www.gov.uk/government/news/stronger-measures-introduced-in-parts-of-the-north-east-to-tackle-rising-infection-rates?utm_source=b1c3c198-5a72-4ea0-962e-d6bfda1b0604&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also: [North East of England: local restrictions](https://www.gov.uk/guidance/north-east-of-england-local-restrictions?utm_source=75b42bb8-31f1-4087-969b-b40498070006&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Restrictions for more areas in north west, West Yorkshire and midlands to tackle rising infection rates

Department of Health & Social Care | 18th September 2020

* Further restrictions introduced across parts of north west, midlands and West Yorkshire to curb rising infection rates, agreed in collaboration with local leaders
* Lancashire, Merseyside, Warrington and Halton escalated to areas of intervention, with new restrictions in Wolverhampton, Oadby and Wigston, and parts of Bradford, Kirklees and Calderdale
* Regulations and guidance to come into force from Tuesday

In close discussions with local leaders, the Health and Social Care Secretary, NHS Test and Trace, the Joint Biosecurity Centre (JBC), and the Chief Medical Officer for England have agreed to introduce local measures in several parts of the north and midlands.

This follows major increases in COVID-19 cases in large areas of the north west, Yorkshire and small parts of the midlands.

Full detail: [Restrictions for more areas in north west, West Yorkshire and midlands to tackle rising infection rates](https://www.gov.uk/government/news/restrictions-for-more-areas-in-north-west-west-yorkshire-and-midlands-to-tackle-rising-infection-rates?utm_source=d143935e-235c-41a4-8dec-3b54023d2567&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also: [New restrictions in North West, Midlands and West Yorkshire](https://www.bbc.co.uk/news/uk-england-manchester-54194804) | BBC News

**workforce wellbeing**

**Title:** COVID-19 work health assessment guidance updated

NHS Employers | 15th September 2020

NHS Employers has updated its COVID-19 work health assessment guidance. The new guidance highlights the importance of working with occupational health departments to provide support and guidance to staff, whether they are new to the service, are being redeployed or are returning the workforce under the retire/return scheme managed by NHS England and Improvement.

Full detail: [Covid-19 Work health assessment guidance updated](https://www.nhsemployers.org/news/2020/09/covid19-work-health-assessment-guidance-updated)

**Title:** Reward healthcare staff for pandemic work, says BMA

BMJ | 2020; 370: m3602 | published 16th September 2020

Doctors and healthcare staff who have worked during the covid-19 pandemic should be rewarded to reflect their personal sacrifice, BMA representatives have said.

An overwhelming majority of doctors attending the association’s annual representative meeting, held virtually on Tuesday 15 September, voted in favour of a motion commending the work of healthcare staff. It said that staff have worked outside their specialties, worked additional hours, and worked at increased risk to their health.

It asked the BMA to pursue policies to “ensure that an additional reward is made to all healthcare staff to reflect the personal sacrifices and increase in risk to health made during this pandemic.”

Full detail: [Reward healthcare staff for pandemic work, says BMA](https://www.bmj.com/content/370/bmj.m3602)

**Title:** Tell staff the truth about testing

HSJ | published 17th September 2020

This HSJ newsletter makes the case that proper access to testing for the general public is a crucial part of getting back to some sort of normal.

Within this though, the piece suggests that NHS staff should absolutely be prioritised. Not only because enabling staff to work is vital in getting electives and diagnostics back up and running again, which will be of huge benefit to the wider public, but because it would help staff, who have been through the most challenging, often traumatic, six months of their career, feel safer at work and provided for by their employer.

Full article: [Tell staff the truth about testing](https://www.hsj.co.uk/workforce/the-ward-round-tell-staff-the-truth-about-testing/7028460.article?mkt_tok=eyJpIjoiTkdZd05UQm1Nak5pWXpsbSIsInQiOiI5ZHdyWUw4REQ4dDNQb1wvcENKMnVKaDRGd3JWZlFMZElxNGlZN0VQVURSZHpqZHhrZkZlRStiQnhpbkRkVkNlXC9QbW1CR01ORG1jVW5YUXNka2RCQkM4YmF5b3JiMnNmRCtKbWRjdWZRbElJQ3A5cjNhWHRNWE1cL1RWT0NSMjNnZCJ9)

**Title:** The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it

Brain, Behavior, & Immunity – Health | published online 17 September 2020

Highlights:

* Frontline health care workers (HCWs), especially females and nurses, are amongst the most vulnerable groups at risk of mental health problems, especially during severe viral epidemics.
* Fear of uncertainty or becoming infected were at the forefront of the psychological challenges faced.
* Several studies demonstrated an increased risk of acquiring a trauma or stress-related disorder, depression and anxiety.
* Coping strategies varied between sociocultural settings and appeared to differ amongst HCWs of different disciplines.

Full paper: [The psychological impact of COVID-19 and other viral epidemics on frontlinehealthcare workers and ways to address it: A rapid systematic review](https://reader.elsevier.com/reader/sd/pii/S2666354620301095?token=4066515BA2E86DFEA60CD1E42CABE771C29B67F0152C00C5CC7ED41672F46DE5A3E30330F2A6F2DB1163506265F54BA2)

**Title:**  Psychological safety in a world of Covid-19

National Health Executive | 17th September 2020

This blog post from Catherine Harrison, Policy Advisor at NHS Providers explores the importance of psychological safety, its role as a foundation for wellbeing and patient safety, and why it matters now and into the future.

Full piece: [Psychological safety in a world of Covid-19](http://www.nationalhealthexecutive.com/Health-Care-News/psychological-world-patient-safety-day-nhs-providers)

**Health management**

**Title:** you had one job. The shortcomings of Public Health England and the World Health Organization during the Covid-19 pandemic

Christopher Snowden | Institute of Economic Affairs | Briefing Paper 14 | September 2020

The World Health Organization (WHO) and Public Health England (PHE) have been widely criticised for their response to the Covid-19 pandemic. Serious questions have been asked regarding their competence. As a result, the US government has withdrawn its funding from WHO and the UK government has announced that Public Health England will be disbanded.

This paper looks at what went wrong, and argues that both organisations spread themselves too thinly over a broad range of medical, political and social issues, leading to a lack of focus.

Full document: [You had one job: the shortcomings of Public Health England and the World Health Organization during the Covid-19 pandemic](https://iea.org.uk/wp-content/uploads/2020/09/You-had-one-job_web.pdf)

**Title**: The NHS workforce strategy in context

Centre for Mental Health | 11th September 2020

There is growing evidence that demand for mental health support will increase in the wake of the Covid-19 pandemic. In order to respond to this demand and deliver existing commitments to grow mental health services as part of the NHS Long Term Plan, more mental health practitioners must be recruited.

This short briefing explores the recently published interim NHS workforce strategy, *We are the NHS: People Plan 2020/21 - action for us all*, and looks ahead to the upcoming Comprehensive Spending Review to discuss the opportunities and challenges which lie ahead.

The briefing discusses the significant gaps between targets for workforce expansion set by successive workforce strategies and current progress on recruitment. It highlights the need to invest in recruitment and to protect workforce wellbeing within the NHS. And it advocates for Government and local systems to look further afield at the contribution, growth and sustainability of the non-NHS workforce, especially within voluntary and community sector providers which are facing unprecedented strain.

Full briefing: [The NHS workforce strategy in context](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_NHSWorkforceStrategy_0.pdf)

**TITLE:** COVID-19 HAS SHOWN THE VALUE OF LOCAL AND CLINICAL NHS LEADERSHIP

BMJ | 2020; 370: m3532 | 16th September 2020

In this acute perspective piece, the author asks what our initial response to the pandemic has taught us about the balance, and future rebalancing, of central versus local healthcare leadership. He suggests that after the pandemic, we need to liberate local clinical leaders and managers and empower them to get on with solutions for their own organisations and local populations.

Full detail: [Covid-19 has shown the value of local and clinical NHS leadership](https://www.bmj.com/content/370/bmj.m3532)

**other**

**TITLE:**  RESTORING SERVICES: NHS ACTIVITY TRACKER

NHS Providers | September 2020

NHS Providers has published its activity tracker, which spotlights examples of the innovations trusts and their staff are developing to improve capacity, and respond to unmet demand despite the constraints created by COVID-19.

Factors which have an impact on capacity include:

* a drop in the numbers of people seeking help during the height of the pandemic and a significant reduction in the number of GP appointments resulting in fewer referrals to secondary care
* reduced capacity across the NHS due to necessary infection control measures (such as regular deep cleaning), social distancing and additional PPE requirements
* changes in clinical practice in response to COVID-19
* changes in patient behaviour in response to COVID-19 which mean that for a range of reasons people can be less confident about seeking help or treatment.

The tracker also highlights the latest trends in how much activity has been undertaken and how long patients have been waiting, against a range of waiting time access standards.

Full document: [Restoring services: NHS activity tracker](https://nhsproviders.org/media/690161/restoring-services-briefing-nhs-activity-tracker.pdf)

**Title:** COVID-19 specific guidance published for doctor complaints

General Medical Council | 14th September 2020

The General Medical Council (GMC) has issued guidance for its staff detailing how to take the context created by COVID-19 into account when considering complaints about doctors.

The guidance takes account of the extraordinary circumstances of the pandemic, including additional pressures on resources and ways of working outside of normal routines.

The advice is detailed in new COVID-19 specific guidance the GMC has issued to its staff who look into fitness to practise concerns raised about doctors.

It means that, in line with the GMC’s normal practice, concerns about doctors will be considered in the context of the pandemic and, in certain circumstances and where there are no risks to patients or to public confidence, some issues might not put into question a doctor’s fitness to practice.

Examples could include concerns about clinical treatment where guidelines were unclear, or a doctor working outside their usual area of practice with limited or no support or guidance to do so safely. There would also need to be no risk to future patients.

Full guidance: [COVID-19: assessing the risk to public protection posed by a doctor as a result of concerns about their practice during the pandemic](https://www.gmc-uk.org/-/media/documents/dc13028-guidance-for-decision-makers-on-covid-19--external-version-_pdf-83985701.pdf)

**Title**: Doctors call for public inquiry into UK government’s handling of pandemic

BMJ | 2020; 370: m3591 | published 15th September 2020

The UK government’s handling of the covid-19 pandemic, including its testing strategy, must be subject to a public inquiry, doctors have said.

Delegates attending the virtual BMA annual representative meeting on 15 September voted overwhelmingly in favour of a motion that called for an inquiry to allow the UK to be better prepared for future pandemics.

It said that the inquiry should cover, as a minimum, the mismanagement of care homes; the purchase, delivery, quality control, and guidelines for personal protective equipment; the UK testing strategy; the wellbeing of health and care staff; the timing of interventions; and the timing of the easing of restrictions.

Full detail: [Doctors call for public inquiry into UK government’s handling of pandemic](https://www.bmj.com/content/370/bmj.m3591)

**Title:** COVID-19: impact on childhood vaccination programmes

Public Health England | 14th September 2020

This report assesses the impact of COVID-19-related physical distancing measures on delivery of childhood vaccination programmes in England.

Full document: [Impact of physical distancing measures due to COVID-19 pandemic in England on childhood vaccination counts](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/917224/hpr1620_chldhd-VC.pdf)

**TITLE:** SURGERY DURING COVID-19: CO-PRODUCING PATIENT RESOURCES

BMJ | 2020; 370: m3466 | published 17th September 2020  
  
Surgical patients are facing new territory. On the one hand they hear that elective surgery carries an increased risk of getting covid-19, on the other, that delaying surgery may cause problems, and that operations can be done safely when precautions are taken. This article describes how a collaborative group, CovidSurg, has worked with patients to rapidly produce information resources about the risks of surgery during the pandemic.   
Further detail: [Surgery during covid-19: co-producing patient resources](https://www.bmj.com/content/bmj/370/bmj.m3466.full.pdf)

**Title:** When is Covid, Covid?

Centre for Evidence-Based Medicine | 11th September 2020

We are constantly following the tally of Covid-19 cases. But one question won’t go away: when is Covid-19 actually Covid-19? This article looked up case definitions, and copied them into a table to compare them.

Full article: [When Is Covid, Covid?](https://www.cebm.net/covid-19/when-is-covid-covid/)

**Title:** New measures to improve patient care ahead of winter

Department of Health & Social Care | 17th September 2020

A&Es in 25 hospitals across England will receive a share of £150 million to expand and upgrade, ensuring they have the physical space to treat patients, manage patient flow and improve infection control.

This is in addition to the £300 million announced recently for 117 trusts to upgrade their facilities, meaning the government has now invested £450 million to upgrade A&Es this winter.

The funding will expand waiting areas and increase the number of treatment cubicles, helping boost A&E capacity by providing additional space and reducing overcrowding. Projects will be completed by the start of next year so hospitals benefit from the upgrades during the peak of winter.

Full detail at [Department of Health & Social Care](https://www.gov.uk/government/news/new-measures-to-improve-patient-care-ahead-of-winter?utm_source=3451840e-2acf-498c-912e-9cf7ebae0ac6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Home deaths account for as many excess deaths since start of the pandemic as deaths in care homes

Nuffield Trust | 16th September 2020

Each week the Nuffield Trust presents analysis of data in chart form to illustrate some key issues and invite discussion. This week Sarah Scobie looks at the continued high numbers of people dying at home, even as hospital deaths return to close-to-average levels, and discusses what reasons might lie behind the continued high numbers of home deaths since the onset of the pandemic.

Full detail: [Home deaths account for as many excess deaths since start of the pandemic as deaths in care homes](https://www.nuffieldtrust.org.uk/resource/home-deaths-now-account-for-as-many-excess-deaths-since-the-start-of-the-pandemic-as-deaths-in-care-homes)

**in the news**

[NHS coronavirus app to launch in England and Wales on 24 September](https://www.theguardian.com/world/2020/sep/11/nhs-coronavirus-app-launch-england-wales-24-september) | The Guardian 11th Sept

[Care homes in England warned of rise in infections](https://www.bbc.co.uk/news/uk-54137078) | BBC News | 13th September

[86% of doctors in England expect second wave within six months](https://www.theguardian.com/world/2020/sep/14/coronavirus-86-per-cent-of-doctors-in-england-expect-second-wave-in-next-six-months) | The Guardian | 14th September

[Fears Covid may leave thousands in UK with severe kidney disease](https://www.theguardian.com/world/2020/sep/15/fears-covid-may-leave-thousands-in-uk-with-severe-kidney-disease-long-term-effects-coronavirus) | The Guardian | 15th September

[UK Covid testing system has 'huge problems', admits Boris Johnson](https://www.theguardian.com/world/2020/sep/16/uk-covid-testing-system-has-huge-problems-admits-boris-johnson) | The Guardian | 16th September

[Covid disruption leaves thousands of UK stroke patients disabled](https://www.theguardian.com/society/2020/sep/17/covid-disruption-leaves-thousands-of-uk-stroke-patients-disabled) | The Guardian | 17th September

[Coronavirus testing: What's going wrong?](https://www.bbc.co.uk/news/health-54163226) | BBC News | 17th September

[Test demand 'significantly outstripping' capacity](https://www.bbc.co.uk/news/uk-54194302) | BBC News | 17th September

[WHO warns Europe over 'very serious' Covid surge](https://www.bbc.co.uk/news/world-europe-54189575?intlink_from_url=https://www.bbc.co.uk/news/coronavirus&link_location=live-reporting-story) | BBC News | 17th September

[Tighter national rules considered by government](https://www.bbc.co.uk/news/uk-54199642?intlink_from_url=https://www.bbc.co.uk/news/coronavirus&link_location=live-reporting-story) | BBC News | 18th September

[Simple test gives results in 90 minutes](https://www.bbc.co.uk/news/health-54190434) | BBC News | 18th September

[Care homes to get free PPE until March under winter plan](https://www.bbc.co.uk/news/uk-54200466) | BBC News | 18th September

[Virus cases may be hitting 6,000 a day](https://www.bbc.co.uk/news/health-54206705) | BBC News | 18th September

We [TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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